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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

OTFRIED SCHWARZKOPF

Serial No. 10/089,268

Filing Date: 07/08/02

Group Art Unit: 3746

SHAFT SEAL, IN PARTICULAR FOR
AN AXIAL PISTON COMPRESSOR

CERTIFICATE OF MAILING

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INFORMATION DISCLOSURE STATEMENT

BOX IDS
Commissioner for Patents
Washington D.C. 20231

Sir:

Pursuant to revised Rules 56 and 98, the Applicant would like to make of record the patents listed on the attached PTO Form 1449. These documents may be material to the patentability of the above-captioned invention. Copies of these documents are enclosed. Also enclosed is the PCT International Search Report.

Respectfully submitted,

Gary A. Essmann

Gary A. Essmann
(Reg. No. 29,376)

ANDRUS, SCEALES, STARKE & SAWALL, LLP
100 East Wisconsin Avenue, Suite 1100
Milwaukee, Wisconsin 53202
(414) 271-7590
Atty. Docket No. 825-163

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Applicati n Number	10/089,268
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	First Nam d Inventor	Otfried Schwarzkopf
	Group Art Unit	3746
	Examiner Name	
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ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Request to Rescind Previous Nonpublication Request	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard Form 1449 (w/attachments)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Gary A. Essmann (Reg. No. 29,376) ANDRUS, SCEALES, STARKE & SAWALL, LLP
Signature	<i>Gary A. Essmann</i>
Date	08/12/2002

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